

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NEA Advocacy Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489815	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>New Media Firm</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address <b>1730 Rhode Island Ave. NW</b>			Amount <b>22500.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>B634610</b>		
Purpose of Expenditure <b>Web advertising</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 28 / 2016</b>		
Name of Federal Candidate <b>Juneau, Denise, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>01</b> State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>46081.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>22500.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	<b>22500.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Edwards, Michael, ,*

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 28 / 2016**

Signature